

Letter #2

Non-quality of care grievance resolution (On Regional Contractor letterhead)

If you have trouble reading this notice because the letters are too small or the words are hard to read, please call our office at XXX-XXX-XXXX and someone will assist you.

Si usted tiene dificultades leyendo este aviso porque las letras son demasiado pequeñas o las palabras son muy difícil para leer, favor de llamarnos al xxxxxx y alguien le asistirá.

XXX-XXX-XXXX or (800) XXX-XXXX

DATE

(Name of person filing the grievance)

Address

City, State, Zip

RE: *(CRS Member # & AHCCCS # if applicable)*

Dear *(Name)*:

We have looked at your complaint. We have found (or decided) . We have made this decision based on *(Please include the legal citations or authorities supporting the determination, if applicable.)*

Thank you for letting us know about your complaint. If you have questions, you may call me at (XXX) XXX-XXXX.

Sincerely,

*Name and credentials*Title

Cc:

XXX